

BEANE, (F. D.)

Uncommon Aural Cases.

BY

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NEW YORK.

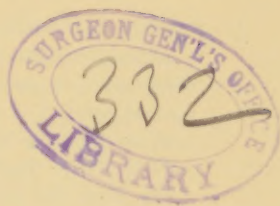
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THE interest of the following cases centers upon their comparative rarity. Many authorities, notably v. Tröltsch, Politzer, and Roosa, cite cases of long-retained foreign bodies within the external auditory meatus, but in nearly every instance marked pathological effects had resulted from their presence.

Cases of mycomyringitis aspergillina were first observed and have been recorded in relatively large numbers by European writers; nevertheless, observers in this country have contributed a liberal bibliography.

CASE I. *A Large Bean within the External Auditory Canal for Ten Years without Signs of its Presence; Removal.*—E. S., aged twenty years, a native of the United States, clerk, consulted me on October 24, 1886, giving the following history: Four days previous he had felt a little itching in his left ear-canal, used the head of a good-sized pin to afford relief, and, during the manipulation, felt as though he had "touched the drum of the ear." Soreness, then pain, ensued. Attributing the result to mechanical violence from the use of the pin, and expecting its speedy disappearance, not till the evening of the third day did he consult his family physician, who announced the presence of a foreign body within the ear, and, after more than an hour's very painful use of probes, hooks, forceps, etc.,

failed to dislodge it. Thereupon the physician declared that partial detachment of the auricle was the only remaining resource. The next morning the patient called, suffering a moderate amount of pain in the ear. I found the left canal at its outer part slightly red and swollen, and its inner two thirds filled with a black mass much resembling very hard cerumen. Touching the body with a probe caused pain. Three minutes' careful syringing removed a black bean, ten millimètres long, eight millimètres wide, and six millimètres at its thickest part, slightly softened on its surface, and covered with a little cerumen at its proximal end. At sight of this body the patient recalled the fact that a little more than ten years before, while in Sunday-school, he was playing with such a bean, and had ended his pranks by forcing it into his ear. By forcibly shaking his head, while turned sideways and downward, he supposed he had removed the offending substance. Reporting his experience to his parents, they credited his statement of successful removal. For *over ten years* no sign of his undesirable guest had declared itself. Careful syringing with warm borated water and inflation completed the treatment. Three days later an examination demonstrated the absence of abnormality.

The salient comments upon this case refer to the carelessness of the parents, the large size of the ear-canal, the favorable site so long occupied by the body, and the emphasis which should be laid upon the *harmlessness and superior value of syringing* as against the *dangers* and (often) *futility* of employing forceps, probes, hooks, and the like for the removal of most of the foreign bodies from the external auditory meatus. Despite the almost unanimous advocacy of the syringe by writers of text-books, too much or too often repeated stress upon this point can not be made.

CASE II. *Myringomycosis Aspergillina Flavescens*; *Otitis Media Catarrhalis Chronica*.—E. A. E., aged twenty years, a native of the United States, clerk, came to me on November 5, 1883, complaining of "buzzing" in his left ear, accompanied by a slight yellowish (watery) discharge and deafness, which had

lasted about three weeks. There had been and was no pain. Having been annoyed by naso-pharyngeal catarrh for a long time, he had used, about four weeks before, a proprietary catarrh snuff a few times with the result of considerably aggravating the original trouble. After a few days the tinnitus and deafness declared themselves in a mild way, and had since slowly increased in severity. The discharge had existed about a week.

EXAMINATION.—*A. D.* = normal (acoumeter, voice, and fork). *A. S.* = acoumeter, $\frac{1}{15}$ m.; voice, $\frac{3}{15}$ m.; fork, louder; all uninfluenced by inflation. *Meatus*, *D.* = normal. *S.* = inner half thickly coated with a slightly yellowish-white substance, resembling wet paper or leather. Nearly the whole mucosa decidedly red and moist after the removal of the false covering. *Membrana tympani*, *D.* = normal. *S.* = a deep red disc, without distinct blood-vessels, greatly swollen and infiltrated; no circumscribed bulging or blistering. *Eustachian tube*, *D.* = inflatable. *S.* = obstructed. *Naso-pharynx* = chronic congestive, dry catarrh.

Microscopic examination of the substance removed showed it to be composed of the mycelium, hyphæ, sporangia, and conidia (light yellow) of *Aspergillus flavescens*. The forceps as well as the syringe was required for the removal of this very tenacious substance, which took three sittings to accomplish. Five weeks' after-treatment was necessary before the membrana tympani had resumed a normal appearance and movement, and the *p. a.* = $\frac{1}{15}$ m. (normal) acoumeter and voice.

CASE III. *Aspergillus Nigricans in a Case of Otitis Media Catarrhalis Chronica*.—N. H. N., aged forty-one years, a native of the United States, merchant, first consulted me in January, 1886. Years ago he had suffered with chronic suppurative otitis, left, the result of a severe "cold in the head," which had healed only after prolonged treatment at the hands of a prominent aurist of this city. For a year past he had noticed a little deafness in the same (left) ear; during the last few months tinnitus (now a buzzing, then a ringing) had been added; both symptoms aggravated by a cold.

EXAMINATION.—*A. D.* = normal (acoumeter, voice, fork).

A. S. = acoumeter, $\frac{4}{15}$ m.; after inflation, $\frac{6}{15}$ m.; voice, $\frac{7}{15}$ m.; fork, louder. *Meatus*, *D.* = thin, transparent, very small "cone," slightly retracted. *S.* = thickened, dull, greatly retracted, and adherent to promontory; old cicatrix behind the handle of the malleus. *Eustachian tube* = inflatable. *Nasopharynx* = smokers' congestive catarrh.

Treatment at irregular visits during a period of eight weeks resulted in *p. a.*, *A. S.* (acoumeter) = $\frac{7}{15}$ m., and almost complete relief of the tinnitus. On the 12th of last May the patient called again, having been suffering for several days with subacute rhino-pharyngitis and pain in the left ear. Examination revealed the existence of a mild external otitis and subacute myringitis, the former being confined to the inner third of the canal. Salted hot-water douches, gentle inflation, and a borax gargle had relieved the condition in two days, when the patient went traveling. Four days later the pain returned, when he applied several drops of laudanum on cotton to the canal, but the next day the pain was worse, and so remained until his return to the city two days afterward. I then found the inner two thirds of the canal packed with a felt-like substance of loose texture, with here and there small, irregular black dots. The membrana tympani could not be seen, of course. Microscopic examination of the mass removed revealed a beautiful specimen of *Aspergillus nigricans*, with its sporangia and conidia ranging from a moderately light yellowish-brown to a dirty black. Simple syringing was insufficient, so that four sittings under the combined use of the forceps and syringe, in the interval a (1 to 2,000) sublimate solution, were required for its complete removal. The parts beneath the mold were red, swollen, and tender, and an additional six days' treatment was continued before the parts were restored to their original condition.

The exciting cause in the second case I could never determine, as the patient was in health, in good circumstances, had applied no medicament, and had not been especially exposed to dampness. The same conditions obtained in Case III, except as related to the application to the ear. The

laudanum had been freshly purchased, but may have been somewhat old; still, considering its extensive innocuous use in cases of earache, we may well question its ætiological relation to this case.

Below is appended a fairly complete

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